FROM:	·					·	
(Your Na	ame)	٠.			(Date)		•
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(Your Ac	ddress, Telephone)						
(Your Or	rganization, Occupat	ion, Profession)					NOVEM A TOTAL
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OR TELEPHON	E NOMINATION			514/3282 FAX	7-717/245-3530		
INFORMATION	ON PERSON BEI	NG NOMINATED:					-
(Personal Title)		ame)					
(Personal Title)	(14	anie)					
(Home Address	and Zip Code)				<u> </u>		
(Position Title)	(Organization						
(Organization) B	ousiness Address and	Zip Code)					
(Home Pl	hone - Area Code)		(Busi	ness Phone - Are	a Code)		٠
(Category: Agr	iculture, Business/Ir Religion, Science/M	dustry, Education, G ledicine, Other Profes	overnment, Labossions)	or, Law, Media,	Organizations,		
	Male	Female	e	Minority			
Remarks Below:	duty, retired or a n	why person is being notember of the GUARI reces. Has the individ	D/RESERVE for	ces, and his/her:	relative knowledg	e of WC?	-
	<u></u>		•				
PRIVACY ACT S	2.	Authority: 5 USC, S Purpose: To nomina Disclosure: Persona	ate individuals to	attend the Nation	nal Security Semin	nar (NS	S).

CBks (DNSS) Form 804-R Aug 96